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PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

FILED

IN THE UNITED STATES DISTRICT COURT	MAY 2 0 2020
FOR THE WESTERN DISTRICT OF TEXAS	
Federal DIVISION	CLERK, U.S. DISTRICT COURT. WESTERN DISTRICT OF TEXAS
Emilio Juan Sanchez # 225419	BYDEPUTY OF THE
Plaintiff's Name and ID Number	
MCDC	,
Place of Confinement	20 - 10 - 1
·	20 - CV - 127-DC-K
(Clerk	will assign the number)
V. Midland County Sheriffes Department Defendant's Name and Address	
Defendant's Name and Address	
	er 1

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Defendant's Name and Address (DO NOT USE "ET AL.")

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

- 1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
- 2. Your complaint must be <u>legibly</u> handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, <u>DO NOT USE THE REVERSE</u> <u>SIDE OR BACK SIDE OF ANY PAGE.</u> ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
- 3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
- 4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

II.	PLACE OF PRESENT CONFINEMENT:	
III.	EXHAUSTION OF GRIEVANCE PROCEDURES: Have you exhausted all steps of the institutional grievance procedure?	
IV.	PARTIES TO THIS SUIT: A. Name and address of plaintiff: EMilio Juan Sanche? 715 No. Tilden	
400	B. Full name of each defendant, his official position, his place of employment, and his full mailing address. Defendant#1: Midland County Sheraffs Deflardm	CI
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. Caught hep Bin Jaill and released for deach to hospital Defendant#2:	5
<i>i</i> . '	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.	
	Defendant#3:	
A	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.	
*	Defendant#4:	
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.	
**	Defendant #5:	
	Brieny describe the acusi of offission(s) of this defendant which you claimed harmed you.	

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*	7	am	TITLE A	JENT	Δ	CIT	ATT	
1	J.		VI HIV	AHNI	INH	('1	Δ III	\/I •

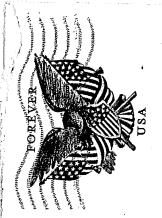
State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how <u>each</u> defendant is involved. <u>You need not give</u> any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

	I was detained on october 24,2017 While & was
	in MCDC I obtained the hep. B. after 5 months
	of being detained. I told officer Remeriz that I
	was turning vellow and they said they couldn't do
	any thing for me. My body started swelling and Valve
	movement was white officer scotts went to
	the E.R. with me- 2 days later had to go back to
	ER with offices Fentez and spent few hours. Day later
I	was when + back and officer white stayed a night with
The 11.	next day MCDC Released to fine hospital, and that's when RELIEF: they toich me I need liver trasplant.
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or
	statutes
	Make it fair and want Justice
VII.	GENERAL BACKGROUND INFORMATION:
V 11.	A. State, in complete form, all names you have ever used or been known by including any and all aliases.
	Bubba Sanchez
	B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal
	prison or FBI numbers ever assigned to you.
	121/2/2
VIII.	SANCTIONS:
v 111.	A. Have you been sanctioned by any court as a result of any lawsuit you have filed?YESNO
	B. If your answer is "yes," give the following information for every lawsuit in which sanctions were
	imposed. (If more than one, use another piece of paper and answer the same questions.)
	1. Court that imposed sanctions (if federal, give the district and division):
	2. Case number: $///$
	3. Approximate date sanctions were imposed:
	4. Have the sanctions been lifted or otherwise satisfied?YESNO

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	Statement OF ClaiM. life was snortened because of hep. B ate hey told me that The MCDC was short of not they couldn't have an officer with me.
and my	life was snortened because of hep. B ate
it up. T	how told mo that The MCDC was short of
SPACE C	not they couldn't have an officer with me.
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C.	Has any court ever warned or notified you that sanctions could be imposed? YES
D.	If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)
3 5	1. Court that issued warning (if federal, give the district and division):
*	2. Case number:
*	3. Approximate date warning was issued:
Executed of	DATE DATE Con: Feb 19, 2020 C
PLAINTI	FF'S DECLARATIONS
1.	I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2.	I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3.	I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4.	I understand I am prohibited from bringing an <i>in forma pauperis</i> lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5.	I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.
Signed this	s $\frac{19}{\text{(Day)}}$ day of $\frac{\text{Febuar}}{\text{(month)}}$, $20 \frac{20}{\text{(year)}}$.
	(Day) (month) (year)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.



CARTOLAND A ODESSA TX 797 1.T TS MAY 2020 PM

RECEIVED

MAY 2 0 2020 CLERK, U.S. DISTRICT COURT. WESTERN DISTRICT OF TEXAS

DEPUTY

Midland County
Detention Center
P. O. Box 11387
Midland, TX 79702